

Utah Department of Human Services
Office of Recovery Services
Child Support Services

FOR OFFICE USE ONLY

Date app. requested: _____
Date app. provided: _____
Date app. received: _____
Date case opened: _____
Case Number: _____

APPLICATION FOR NON-IV-A SERVICES

****Complete page 17 and 18 if you are NOT applying for or receiving cash assistance/Medicaid, or if you want child support services even if your cash assistance/Medicaid is denied.****

SUPPORT SERVICES: You MUST sign question #155 OR #156 below indicating the type of services you want.

155. I have read and I understand the information about ORS/CSS services. I would like to apply for child support AND medical support enforcement services.

Signature

Full Name (print)

Date

****OR****

156. I have read and I understand the information about ORS/CSS services. I would like to apply for child support services, but **DO NOT currently need medical support enforcement services** because I have an order for medical insurance and the children currently have insurance coverage other than Medicaid, **and I have listed the insurance information** in the "Insurance Information" section of the Parents' Background Information form (form AIIA). **I further understand that if the insurance terminates and ORS/CSS learns of the termination, medical support enforcement will automatically begin.**

Signature

Date

ADDITIONAL INFORMATION:

157. I have read and I understand that if a support payment has been incorrectly credited and refunded to me, I agree that my future support payment(s) may be decreased by an amount equal to the payment I received in error.

Signature

Date

158. Do you currently have an assignment, agreement, or contract with a private agent (collection agency or private attorney) to collect your child support? Yes _____ No _____
If "Yes", write the name and address of the agency or attorney:

RELEASE OF INFORMATION:

Your case information is released:

- 1) to the Federal Case Registry (FCR);
- 2) if your case is referred to the Attorney General's Office for a court action;
- 3) if your case is referred to another state's child support agency; or,
- 4) to the other party or their attorney if you need to be served with legal due process as the result of a judicial action that has been initiated by the other party or his/her attorney to establish or modify an order or judgment for bona fide child support, spousal support, medical support or child care.

159. If you have a domestic violence issue, would you like ORS/CSS to attempt to safeguard your case information and your children's case information? Yes _____ No _____ If "Yes", you must answer "Yes" to one of the questions below. If you have a protective or nondisclosure order, you **MUST** attach a copy of the order.

- a. Do you have a protective order on the non-custodial parent? Yes _____ No _____
- b. Do you have a nondisclosure order? Yes _____ No _____
- c. Will the release of your address or your employer's address cause physical or emotional harm to you or your children? Yes _____ No _____ If "Yes", explain:

ELECTRONIC FUNDS TRANSFER - EFT: You **MUST** complete this section if you want to receive EFT.

YES, I would like my payments directly deposited into my account at the financial institution indicated below:

Signature

Social Security Number

Date

Name

Address

City, State, Zip Code

Daytime Phone

Financial Institution

Bank Routing Number

Account Number

Put an "X" next to the type of Account: Savings* _____ Checking** _____

* For EFT to a savings account you **MUST** attach a savings deposit slip or your most recent savings account statement.

** For EFT to a checking account you **MUST** attach a voided check that includes the bank routing number.